Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RCA ACCOUNTING SERVICES CORP

Account Number : I20180000102 Phone : (305)799-7633 Fax Number : (305)406-3999

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RIVX HOME IMPROVEMENT LLC

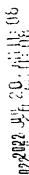
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RIVX HOME IMPROVEMI	
(Name of the	Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
<u>~</u>	ited Liability Company were filed on 03/11/2022 and assigned
Florida document number 1.22000101423	<u> </u>
This amendment is submitted to amend the	ac following:
A. If amending name, enter the new n	ame of the limited liability company here:
The new name must be distinguishable and conta	in the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if	applicable:
(Principal office address MUST BE A S	TREET ADDRESS)
Enter new mailing address, if applicab	le:
(Mailing address MAY BE A POST OF	FICE BOX)
* -	d/or registered office address on our records, enter the name of the new registered
agent and/or the new registered office	address here:
	. 22 ,
Name of New Registered Agen	
New Registered Office Address	
	Enter Florida street address
	Florida City Zip Code
	City Zip Code
New Registered Agent's Signature, if cha	nging Registered Agent:
provisions of all statutes relative to the accept the obligations of my position	gistered agent and agree to act in this capacity. I further agree to comply with the e proper and complete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 605, F.S. Or, if this document is in the registered office address, I hereby confirm that the limited liability of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Jorge Ignacio Reveron	9755 NW 52ND ST APT 509	= Add
		DORAL, FL 33178	□Remove
			□Change
			Remove
			☐ Change
			□ Add
			☐ Remove
			□Remove
			[] Change
			□Remove
			□Change
*****			□Add
			□Remove
			Change

D. If ame	ending any other information	enter change(s) here: (Attach additional sheets, if necessary.)
-		
-		
,		
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Note	tive date, if other than the da ffective date is listed, the date must be If the date inserted in this block ment's effective date on the Depa	te of filing: (optional)
If the reco		are, but not an effective time, at 12:01 a.m. on the carlier of: (b) The 90th day after the
Date	d	2022
	121 antonio su	Rivado Salure of a member or authorized representative of a member
	ANTONIO J. RIVODO	
		Typed or printed name of signee

Filing Fee: \$25.00